

# EXHIBIT A4



CLAIMS ADMINISTRATOR  
P.O. BOX 2594  
FARIBAULT, MN 55021-9594

FOR OFFICIAL USE ONLY

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## COURT-APPROVED MAILING

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**\*clmnt\_idno\*** - UAA <<SequenceNo>>

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<<City>> <<State>> <<Zip10>>  
<<CountryName>>

☐

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_

## Wells Fargo Unauthorized Account Settlement

You are receiving this Claim Form because you contacted the Settlement Administrator for this Class Action Settlement.

If you fill out the enclosed claim form and mail it back by **Month XX, 2017**, you may be eligible to receive a payment. You may also submit a claim online at [WFSettlement.com](http://WFSettlement.com).

**Print your name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

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Check this box if you are submitting this claim on behalf of a business or trust (rather than on behalf of yourself as an individual), print the name of the business or trust, and provide the taxpayer ID number for the business or trust:

**Name of business/trust claimant:** \_\_\_\_\_

**Taxpayer ID number for business/trust claimant:** \_\_\_\_\_

If you are submitting this claim on behalf of yourself as an individual, please provide your Social Security Number:

**Social Security Number:** \_\_\_\_\_

If you do not have a Social Security Number, please provide an alternate Personal Identification Number and check the box that matches your kind of number:

**Personal Identification No.:** \_\_\_\_\_

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Driver's License Number    | <input type="checkbox"/> State-Issued ID Number         | <input type="checkbox"/> Passport Number                |
| <input type="checkbox"/> Armed Forces ID Number     | <input type="checkbox"/> Foreign-Issued ID Number       | <input type="checkbox"/> Permanent Resident Card Number |
| <input type="checkbox"/> Resident Alien Card Number | <input type="checkbox"/> Matrícula Consular card number |   |

[www.WFSettlement.com](http://www.WFSettlement.com)

**1-866-431-8549**

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**Please check all that apply to you (or the business or trust you are submitting this claim on behalf of):**

- ☐ I believe that Wells Fargo opened an unauthorized account, product, or service in my name, or submitted an unauthorized application for an account, product, or service in my name, between May 1, 2002 and April 20, 2017.

If you know, how many unauthorized accounts were opened in your name? \_\_\_\_\_

- ☐ I believe that I was charged fees in connection with unauthorized accounts opened in my name.
- ☐ I believe my credit was damaged in connection with one or more unauthorized credit card, line of credit, or small business deposit accounts.

If so, provide either or both:

The approximate year(s) in which Wells Fargo opened an unauthorized credit card, line of credit, or small business deposit account in your name: \_\_\_\_\_

The year(s) in which you took out or refinanced a loan or opened a valid credit card or line of credit: \_\_\_\_\_

- ☐ I authorize the Settlement Administrator to access my credit report in order to determine whether unauthorized accounts damaged my credit. Checking this box will not damage your credit score.
- ☐ I enrolled in Wells Fargo identity theft protection.

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By signing on this line, I affirm that information provided in this form is true under penalty of perjury.

**[www.WFSettlement.com](http://www.WFSettlement.com)**

**1-866-431-8549**

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**\*CF\***

**\*RUJST\***